

PAST PERFORMANCE QUESTIONNAIRE  
(To be completed by the offeror)

1. Contract Number: _____	
2. Contractor (Name, Address & Zip Code):  	
3. Type of Contract (check appropriate box):  <input type="checkbox"/> Negotiated <input type="checkbox"/> Sealed Bid <input type="checkbox"/> Fixed Price <input type="checkbox"/> Cost Reimbursement	
4. Complexity of Work (check appropriate box):  <input type="checkbox"/> Difficult <input type="checkbox"/> Routine	
5. Description, location & relevancy of work:          	
6. Contract Dollar Value: \$ _____	Status: <input type="checkbox"/> Active <input type="checkbox"/> Complete
7. Date of Award: _____ Contract Completion Date (including extensions, if any): _____	
8. Type and Extent of Subcontracting:          	
9. Name, Address, Telephone #, and e-mail of the Procuring Contracting Officer and/or the Contracting Officer's Representative (COR):          	